

# NATIONAL Assessment Centre Services

[wef 1 Jan'03]

MMA 119119417

Date In: 9/9/19 15:26	Job description	Date & Time Completed	Done by:
Ref No: NA/ C72190 15929/h4	SAS e-filing		
Veh No: SKB 51692	E-mail (within 3hrs, A/C 2hrs)		
DUA: 7/9/19 15:00	I-Motor Claim Form		
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: SMD 8692A	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: \_\_\_\_\_

Date/Time	Actions

W141906662

Claimants Particulars:	Invoice Ref: 141906662	Amount (\$)	Adj. Bill (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref: 1:	Verstaining against INC Only (wef 10 Jan 2003)		
Ref: 2:	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	09/09/2019 15:26
Date Of Accident	07/09/2019 15:00
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5169Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAVIERA TAN XIAN MING (CHEN XIANMING)
NRIC No	S8112057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83230079
Alternative Phone No	OFFICE-83230079

### Vehicle Particulars

Manufacturer	LEXUS
Model	-
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3062761901
Cover Note Number	-

### Driver

Name of Driver	CHEN HUAWEN
NRIC No	G1084578K
Date Of Birth	15/02/1979
Occupation	INDOOR
Date Of Driving Pass	28/01/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83230079
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 315B AMK ST 31 #04-321
Postcode	563315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6
Passenger 1	NAME: : JAVIERA TAN XIAN MING (CHEN XIANMING) GENDER: : FEMALE
Passenger 2	NAME: : CHEN SI XUAN SHAVONNE GENDER: : FEMALE
Passenger 3	NAME: : CHEN SIYUN SHANTALLE GENDER: : FEMALE
Passenger 4	NAME: : LEE YOCK TENG GENDER: : FEMALE
Passenger 5	NAME: : CHEN ETHAN ZI'ANG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190908/2078.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD8692A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU5256E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHEN HUAWEN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKB5169Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name JAVIERA TAN XIAN MING  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKB5169Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name CHEN SI XUAN SHAVONNE  
Approximate Age



Injuries Sustain	BODY
Injured person in which vehicle?	SKB5169Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	CHEN SIYUN SHANTALLE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKB5169Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 5

Name	LEE YOCK TENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKB5169Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 6

Name	CHEN ETHAN ZI'ANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKB5169Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Date &amp; Time:

(If driver is not the policyholder)

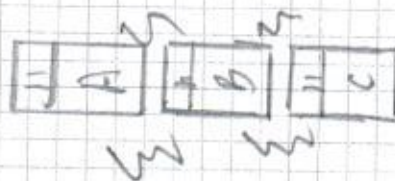
Date &amp; Time:

Name:

NRIC/FIN No.:



# SKETCH PLAN



A: SKB 51692

B: SM 18692A

C: SKN 5256E

CTE Towards city before Bradell Exit 10

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No.: 7/2019 0908/2078.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

HP: 86085283 Mr Liew 劉

# ACCIDENT STATEMENT

Hw.

ACCIDENT DATE: (07/09/2019) (DD/MM/YYYY), TIME: (15:00) (HH:MM)

LOCATION: CTE Towards city before Braddell Exit 10

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB51692
- b) INSURANCE COMPANY: China Taiping
- c) POLICY NUMBER: DMPCSN3062761901
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Lexus
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: private use
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: Javiera Tan Xian Ming (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT:
- c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Chen Huiwen (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G1084578K CONTACT: 83230079
- c) ADDRESS: Blk 315B Ang Mo Kio Street 31 # 08-321 Singapore 563315

\*d) DATE OF BIRTH: (15/02/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4 year 7th month

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO) driver / chen

7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 321 Ang Mo Kio

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM08692A MODEL: Nissan
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKU5256E MODEL:
- e) DRIVER'S NAME:
- f) NRIC/FIN/PASSPORT: CONTACT:

2 male  
4 female

No of passengers  
(including driver)  
(8) 6

1 1 1 1  
2 male  
2 female

No of passengers  
(including driver)  
(5)

No of passengers  
(including driver)

Injury detail

chen si xuan (f)  
driver.

Email =

fax =

video =

chen Ethan Zi'Ang M

chen Siyun Shan talle F

Lee Yock Teng F

Tan Xian Ming Javiera F

chen Sixuan shavonne F





# SINGAPORE POLICE FORCE



T/20190908/2078

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

1 of 4

Report No. T/20190908/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/09/2019 18:31	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: CHEN HUAWEN			Address: APT BLK 315B ANG MO KIO STREET 31 #04-321 SINGAPORE 563315		
ID Type / ID No.: FIN NO / G1084578K			Contact No.: Home/Office: Mobile: 83230079		
Nationality: CHINESE			Email:		
Sex: Male	Age: 40	Date of Birth: 15/02/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  CTE towards City, before Bradell Exit 10.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB5169Z	Car	LEXUS		Silver		5
SKU5256E	Car	KIA		Black		0
SMD8692A	Car	NISSAN		Gold		0





# SINGAPORE POLICE FORCE



T/20190908/2078

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

2 of 4

Report No. T/20190908/2078

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN HUAWEN	ID No.	G1084578K
Related Vehicle	SKB5169Z (Car)	Contact No.	83230079
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	08/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHENG HUITING, CHERYL	ID No.	S8137235G
Related Vehicle	SKU5256E (Car)	Contact No.	96321163
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANG AI NGOH	ID No.	S1311411I
Related Vehicle	SMD8692A (Car)	Contact No.	97586632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 07/09/2019 at about 1500hrs, I was travelling along CTE towards direction of city before Bradell exit 10. I was travelling on the second lane from the left. As I was driving, suddenly I felt an impact from the rear. And noticed that there as a chain collision. The vehicle SMD8692A had collided into my rear, and the vehicle SKU5256E had collided into the rear of the other vehicle.

I alighted from my vehicle and noticed that my rear bumper and the boot was damaged. We exchange





**SINGAPORE  
POLICE FORCE**



T/20190908/2078

Police Station Of Origin:

Teck Ghee NPP

321 Ang Mo Kio Street 31 SINGAPORE  
560321

Tel No: 1800-4599999

3 of 4

Report No. T/20190908/2078

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190908/2078

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

4 of 4

Report No. T/20190908/2078

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 3 SWEE WEI ERN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp

Signature Of Informant:

Date/Time:  
08/09/2019 18:31

Classification Of Case:

SN 005



MOTOR PRIVATE CAR

**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMPCSN3062761901 Engine No :4GR0518858  
ChaNo:JTHBK262705087808

1. Index Mark and Registration Number of Vehicle SKB5169Z AUTOSAFE  
=====

2. Name of Policy Holder JAVIERA TAN XIAN MING (CHEN XIANMING)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 29 September 2019 Named Drivers Ex Sect. I ..... S\$1,000.00  
Additional Ex Other than Named Drivers:  
Ex Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance 28 September 2020 Ex Sect. I - Age >= 26..... S\$500.00  
\* Age as at date of accident  
EX ON WINDSCREEN ..... S\$100.00

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.

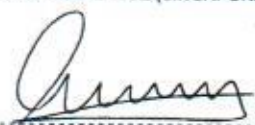
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HO LI HWA IRENE  
Authorised Officer

  
Authorised Signatory